Application or Docket Number

	PATEN	T APPLICAT Effe	on FEE ctive Octo			TION RECO	ORI	0	10	ه (ر	177	76		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	 Of		R THAN ENTITY		
	TOTAL CLAIM	127	127				RATE	FEE		RATE	FEE			
	OR	NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FI	EE 385.0	0 OF	BASIC FE	770.00			
TOTAL CHARGEABLE CLAIMS			27 minus 20=		· 7			X\$ 9=	-	OF	1	 		
11	NDEPENDENT	3 "	3 minus 3 =		· Ø		X43=		- .	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	176.0			
٨	IULTIPLE DEPE	PRESENT	RESENT				A40=		OF					
*	* If the difference in column 1 is less than zero, enter "0" in column 2							+145=	<u> </u>	OF	+290=			
	CLAIMS AS AMENDED - PART II								<u> </u>	OF	TOTAL	896.0		
 -	· ·	CLAIMS AS A (Column 1) CLAIMS	AMENDE	(Colum	nņ 2)	(Column 3)	ı ,	SMALL	ENTITY	OR.	OTHER SMALL	THAN ENTITY		
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		≃ .		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		=		X43=		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=			
								TOTAL		-	L	<u> </u>		
•	(Column 1) (Column 2) (Column 3)								ADDIT. FEE OR ADDIT. FEE					
B LN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER JSLY:	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
₩ 2 1	Total	*	Minus	**	<u> </u>	= .		X\$ 9=	1-1	OR	X\$18=	FEE		
AMENDMENT	Independent	*	Minus	A A A		=	 	X43=		1	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<u> </u>	OR				
						•	L	+145=		OR	+290=	,		
							Αl	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE			
7		(Column 1)		(Column		(Column 3)	-							
		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATÉ.	ADDI- TIONAL FEE		RATE	ADDI+ TIONAL FEE		
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=			
:	Independent		Minus	***		=	H	X43=			X86=			
	FIRST PRESEN	NTATION OF MUI	TIPLE DEP	ENDENT C	LAIM		-	ノ(ヤリ =	·	OR	\00=	<u>·</u> -		
11	If the entry in column 1 is loca than the sail is									OR	+290=			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE ADDIT. FEE														
T)	ne "Highest Numb	iber Previously Paid er Previously Paid	l Hor" IN THIS For" (Total or I	SPACE is le ndependent	ss than	3, enter "3." Johest number (ropriate box					